

Testimony from Deborah L. Arslan RDH, B.S.

**Testimony to the Connecticut General Assembly, Public Health Committee  
In Opposition of Proposed S.B. No. 993  
An Act Concerning Dental Assistants and Expanded Function Dental Auxiliary (EFDA).**

March 13, 2013

Senator Gerrantana, Representative Johnson and Members of the Public Health Committee:

My name is Deborah L. Arslan. I am a licensed, registered dental hygienist practicing in Connecticut and Massachusetts. As a resident of Enfield, CT and an employee of Hartford Public Schools (HPS) Dental Program, I am representing the town I live in and the children I serve in Hartford. I **Oppose SB 993**: An Act Concerning Dental Assistants and Expanded Function Dental Auxiliary (EFDA); **in its present form**. I don't oppose EFDA I oppose the way it is presented in the bill and the fact that the DH midlevel (which in CT we are calling the ADHP) was excluded.

As a practicing dental hygienist with over 30 years of experience in both private and public health, I am uniquely qualified to testify to the disparities in the access to care problem that exists in the underserved populations. In the early 1900's Hartford Public Schools (HPS) was the first school district in the Nation to offer dental hygiene services. In the mid 1970's, services were expanded to include Comprehensive Restorative care.

In September 2010, the HPS Dental Program was unfortunate to loss one of the 3 full time Dentists employed by the Hartford School System to the private sector. This Dentist had been employed full time for Hartford Schools for over 12 years. **The School System advertised this opening multiple times, including notices on the Connecticut Dental Association (CDA) website. It took 3 years of repeatedly reopening the position to be filled.** Further concern for the largest school-based dental program (HPS) is that one of the remaining 2 full time dentists with over 30 years employment in the HPS Dental Program will be retiring within the next few years. Given the fact that the current dentist position took 3 years to fill, I fear the necessary comprehensive (restorative) services will be even more negatively impacted by this retirement.

Hartford Dental Program delivers services to 18 schools within the Hartford School System from Pre-K through the High School. All of HPS dental clinics are licensed by the State of CT. This fact alone makes the clinics subjected to yearly reviews by the State of CT. The inspections include Quality Assurance and Compliance. The HPS has a Policy and Procedure Book encompassing all aspects of Dentistry. There is a written and strictly followed Protocol for every possible situation that could arise within the dental setting. The Policies Procedures are reviewed on a by-annual basis for relevancy and accuracy. Every year there is an internal Quality Assurance Evaluation performed at every clinic including and not limited to insure that all records are complete, confidential, up to date, and all restorative needs met in a timely manner. Statistics on all procedures are kept and reviewed monthly and on an annual basis.

Another unique aspect to the **HPS dental program is the continuity of care**. At the beginning of every school year a quick screening (oral inspection) is performed on all children in the schools with on site dental clinics. This procedure is to ensure that any child with unmet needs may be assessed and seen immediately if there is a permission slip on file. If no permission is on file the dental staff will seek the help of all school personnel (nurse, teacher, school social worker, and even DCF) to get permission for us to treat or to get treatment at an outside provider. Once a parent has signed permission for dental treatment the child is seen again for a more comprehensive evaluation involving "cleaning" fluoride treatment, x-rays and oral hygiene education. If restorative needs are found the child is than seen by the dentist at that clinic. If the child moves within the Hartford School System it is

more than likely that a dental clinic is within the new school and the dental permission and chart follows that child to the new school. This allows the child to continue with any treatment and placed into the "recall" system at the new school without missing a beat. All other Hartford Public Schools without on site dental clinics receive a yearly dental screening. At this screening it has been noticed, since the increase in state reimbursement for Husky patients, that many of HPS children have partially completed dental treatment. This is mostly due to episodic care.

It has been noted that the care given by some of the new providers that are owned by investors, appear to be driven not by dental disease and need of treatment but by profit. I have seen many children with ½ the back teeth treated by expensive composites (5) surface restorations that barely qualify as such and stainless steel crowns. The other half of the mouth has untreated decay in 1-3 teeth. Continuity of care is desperately missing in these children.

The demographic composition of Hartford school children places them at exceptionally high risk for dental decay. Having a mid-level provider similar to the Advanced Practice Registered Nurses (APRN) model will bridge the gap in providing the oral health care the Advanced Dental Hygiene Practitioner (ADHP) could perform in the expanded scope of practice.

The 1 problem with this HPS system is that the needs are met by the severity of the disease. The "simple" restorative needs get put off due to the urgent needs of extensive dental disease which must be met in a timely manner. This results in the higher the need the sooner the child is seen by the dentist. HPS dental program employees 3 dentists and 10 full time hygienist and 2 part time hygienists. The dentists are only at each school 1 day a week and some schools 1 day every other week. This means that the more simple procedures that could be performed by the mid level Advanced Dental Hygiene Practitioner (ADHP) are not being treated and they develop into more complex dental disease. The answer to this problem would be an ADHP. The 3 dentists employed by HPS will still be needed but they would be able to treat the more complex issues and the ADHP would be able to handle the needs within the scope of their education.

The U.S. Public Health Service has reported that more than half of U.S. children aged 5 to 17 years old have cavities and a fourth of these children--primarily low-income children from traditional underserved groups--incur 75 percent of these cavities. It is my personal opinion that the advanced dental hygiene Master's degree position will not detract from dentistry but would add a vital component in the resolution of the crisis in access to dental care. I cannot emphasize enough the importance of this mid level provider and I request the SB 993 be amended to include the ADHP mid level provider language found in last sessions bill (HB 5541) and ask for its adoption in This legislative session.

Thank you for your time and consideration in this matter.

I may be reached for further discussion at:

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